

ORIGINAL

Provision: HCFA-PM-95-4 (HSQB)
June 1995

Attachment 4.35-H

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New York

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Directed Plan of Correction: Describe the criteria (as required at §1919(h)(2)(A) for applying the remedy.

☒ Specified Remedy

(Will use the criteria and notice requirements specified in the regulation).

☐ Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TR No. **95-33**
Supersedes **New**
TR No. **New**

Approval Date: **MAR 07 1997**

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